

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							09/830769				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51			
2								52			
3								53			
4	1							54			
5								55			
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48								98			
49								99			
50								100			
TOTAL IND.	2							TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS	2							TOTAL CLAIMS			

PTO-1360 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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